

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|---|---|--|--|-------------|--|
| NAME OF FILER No on Prop 22, sponsored by Labor Organizations | | | Date of This Filing <u>09/23/2020</u> | Date Stamp | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only |
| AREA CODE/PHONE NUMBER (510)663-4000 | I.D. NUMBER (if applicable) 1424537 | Report No. <u>33254</u> | | Page 1 of 2 | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | | |
| CITY Oakland | STATE CA | ZIP CODE 94610 | No. of Pages <u>2</u> | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 09/22/2020 | United Food & Commercial Workers Union Local 135 San Diego, CA 92108 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500,000.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

| | |
|---|-----------------------------------|
| IND - Individual | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other | |

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|---|---|--------------------------|---|---|---|
| NAME OF FILER No on Prop 22, sponsored by Labor Organizations | | | Date of This Filing 09/23/2020 Report No. 33254 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 2 | Date Stamp Page 2 of 2 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (510)663-4000 | I.D. NUMBER (if applicable) 1424537 | | | | |
| STREET ADDRESS | | | | | |
| CITY Oakland | STATE CA | ZIP CODE 94610 | | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Reason for Amendment: